

10/579174

1A20330 PGT/PTO 11 MAY 2006

Application Data Sheet

Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CRF:

Title: METHOD AND DEVICE FOR TREATING
OSTEOARTHRITIS AND CARTILAGE DISEASE,
DEFECTS, AND INJURIES IN THE HUMAN HIP

Attorney Docket Number: UPN-4856

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: 6

Small Entity?: Yes

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Carl
Middle Name: T
Family Name: Brighton
Name Suffix:
City of Residence: Malvern
State or Province of Residence: Pennsylvania
Country of Residence: United States of America
Street of mailing address: 14 Flintshire Road
City of mailing address: Malvern
State or Province of mailing address: Pennsylvania
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 19355

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Solomon
Middle Name: R
Family Name: Pollack
Name Suffix:
City of Residence: North Wales
State or Province of Residence: Pennsylvania
Country of Residence: United States of America
Street of mailing address: 115 Westminster Drive
City of mailing address: North Wales
State or Province of mailing address: Pennsylvania
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 19454

Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing
Address:

Phone number:

Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/520,088	November 14, 2003
This is	An application claiming the benefit under 35 USC 119(e)	60/535,734	January 9, 2004

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
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Assignee Information

Assignee name:	The Trustees of the University of Pennsylvania
Street of mailing address:	3160 Chestnut Street, Suite 200
City of mailing address:	Philadelphia
State or Province of mailing address:	Pennsylvania
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	19104-6283